



FAIRFAX COUNTY
JUVENILE MENTORING PROGRAM

12011 Government Center Parkway, Suite 1050
Fairfax, Virginia 22035-1111
703.324.5344

Mentoring Program Teacher/Staff Referral Form

Student name: _____ Age: _____

School: _____ Grade: _____

Requested by: _____
(teacher/staff person)

The child is being referred for assistance in the following areas (circle all that apply):

Academic issues Behavior issues Study habits Social problems

Criminal activities Family concerns Vocational training Other: _____

Reasons why this child might benefit from a mentor:

What interests, either in school or out, does the child have?:

What strategies/learning models might be effective for a mentor/tutor working with this child?:

On a scale of 1-10 (10 being highest) rate the student's level of:

Academic performance: _____

Social skills: _____

Self-esteem: _____

Family support: _____

Communication skills: _____

Attitude about school/education: _____

Peer relations: _____

What specific subjects, if any, does the student need assistance with?:

Additional comments:

(signature)

(position)

(date)

Thank you for completing this referral. All information is kept strictly confidential. The Fairfax County JUMP Mentoring Program will use this information to help pair a child with a responsible, caring, and compatible mentor. If you have any questions or concerns regarding this form, please contact the JUMP Program Coordinator. Thank you for helping us make a difference in the life of a child.